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Federal Agencies

August 5, 2003

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Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

U.S. Utility Patent Application

Appl. No. 09/826,212; Filed: April 5, 2001 **Tumor Necrosis Factor Receptor 5** For:

Inventors:

Wei et al.

Our Ref:

1488.1280006/EKS/EJH

RECEIVED

AUG 0 8 2003

TECH CENTER 1600/2900

Sir:

Transmitted herewith for appropriate action are the following documents:

- 1. Fee Transmittal Form (PTO/SB/17);
- 2. Reply Under 37 C.F.R. § 1.114;
- 3. Third Supplemental Information Disclosure Statement;
- Listing of the cited documents on Form PTO-1449 (1 sheet); 4.
- 5. A copy of each of the three (3) cited documents on Form PTO-1449;
- 6. Request for Continued Examination (RCE);
- 7. PTO-2038 Credit Card Payment Form in the amount of \$750.00 to cover the RCE fee; and
- 8. Return postcard.

Commissioner for Patents August 5, 2003 Page 2

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Elizabeth J. Haanes, Ph.D.

Attorney for Applicants Registration No. 42,613

EJH/pcd Enclosures

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Under	the	

FEE	TRANSMITTAL
	for FY 2003

Hent fees are subject to annual revision.

Applicant laims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)750.00

	Complete if Known
Application Number	09/826,212
Filing Date	April 5, 2001
First Named Inventor	Ying-Fei Wei
Examiner Name	O'Hara, E.B.
Art Unit	1646
Attorney Docket No.	1488.1280006/EKS/EJH

TOTAL AMOUNT OF PAYMENT (\$)750.00		Attorne	y Dock	et No.	1488.12800	006/EKS/EJH	300
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)				
Check Credit card Money Order Other** None ** Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.		3. ADDITIONAL FEES Large Entity Small Entity					0,300
Deposit Account		Fee Fe (\$) C	e Fed ode (\$)		Fee Description		Fee Pald
Deposit Account Number 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.	1051	130	2051	65	Surcharge - late filing f	ee or oath	
The C mmissioner is authorized to: (check all that apply)			2052	25	Surcharge-late provision	onal filing fee or cover	
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pplication	1804	•	1804	-	•	of SIR prior to Examiner	<u> </u>
☐ Charge fee(s) indicated below, except for the filing fee to the bove-identified deposit account.	1805			1,840*	action Requesting publication	•	
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BASIC FILING FEE	1254		2254		Extension for reply with		
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ode (\$) Code (\$)	1402	320	2402	160	Filing a brief in support	of an appeal	
001 750 2001 375 Utility filing fee	1403		2403		Request for oral hearing	• •	<u> </u>
002 330 2002 165 Design filing fee 003 520 2003 260 Plant filing fee	1451		1451		Petition to institute a pr		
004 750 2004 375 Reissue filing fee					Petition to revive - una	,	<u> </u>
105 160 2005 80 Provisional filing fee	1452		2452				
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SUBTOTAL (1) (\$)	1501	•	2501	650	Utility issue fee (or reis	sue)	
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Multiple Dependent =		7 50	1807	50	Processing fee under 3	37 CFR 1.17(q)	
Large Entity _I Small Entity		180	1806	180	Submission of Information	tion Disclosure Stmt	
Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021	40	8021	40	Recording each patent property (times numbe	assignment per r of properties)	
202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a submission after	er final rejection (37 CFR	
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each additional inv (37 CFR 1.129(b))		
1204 84 2204 42 **Reissue independent claims							
over original patent	1801	750	2801	375	·	ed Examination (RCE)	750.
1205 18 2205 9 **Reissue claims in excess of 20	1802	900	1802	900	Request for expedited application	examination of a design	
and over original patent	Other	fee (sp	ecify) _				
SUBTOTAL (2) (\$) or number previously paid, if greater; For Reissue, see above	* Red	duced by	/ Basic	Filing F	ee Paid	SUBTOTAL (3) (\$)75	0.00
SUBMITTED BY	Regis	tration i	 Vo.	- 		Complete (if applicable)	
Name (Print/Type) Elizabeth J. Haanes, Ph.D.	(Attor	ney/Age	ent)		42,613	Telephone 202-371	-2600
Signature Single The Signature	سص	ns	4			Date Quegas	5,200